STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	VI		
		FCL079075	B. WING		06/16/2015	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
R & D W	LSON HOME CARE	1325 E ST EDEN, NC	ADIUM DRI\ : 27288	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		ell on June 16, 2015.				
	Home for four (4) a evacuate and response verbal assistance of emergency) on Marwe are requiring the with the 2005 Rules Licensing of Family North Carolina Stat 421.2 - Residential	st licensed as a Family Care imbulatory Residents (able to and without any physical or luring a fire or other rch 23, 2009. Based on this enhome to be in compliance at 10A NCAC 13G for the race Homes, and, the 2006 in Building Code - Section Care Homes.				
C 149	•	Exits-Handrails At Porches	C 149			
	AND EXITS (f) All steps, porch	THE BUILDING B12 OUTSIDE ENTRANCE nes, stoops and ramps shall be rails and guardrails.				
		vation, the facility was not e manner by having handrails				
	Findings include: a) The front porch that are coming loo	has two sections of handrails se.				
C 152	Floors		C 152			
	10A NCAC 13G .03 (a) All floors in a fa	314 FLOORS amily care home shall be of				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
FCL079075		B. WING		06/16/2015		
			STATE, ZIP CODE	1 00/1	0/2010	
	LSON HOME CARE		ADIUM DRIN			
K & D W		EDEN, NC	27288			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 152	Continued From pa	ge 1	C 152			
	to be easily cleanald (b) Scatter or throw (c) All floors shall.  This Rule is not med 1. Based on observathe facility were not Findings include: At the entrance to the kitchen the door throws.	w rugs shall not be used. be kept in good repair. et as evidenced by: vation, the floor coverings in				
C 168	trip hazard.  Fire Extinguishers		C 168			
	DISASTER PLAN  (a) Fire extinguish meet these minimu care home:  (1) one five pound type centrally located (2) one five pound type located in the limited in	ers shall be provided which m requirements in a family or larger (net charge) "A-B-C" ed; or larger "A-B-C" or CO/2 kitchen; and ion as determined by the code				
	protection equipme safe manner. This	vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for				
	The inspection tags	on the fire extinguishers ed monthly checks are not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR		SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
FCL079075		B. WING		06/16/2015		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
D O D W	I CON HOME CARE	1325 E ST	ADIUM DRI	/E		
K & D WI	LSON HOME CARE	EDEN, NO	27288			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 168	Continued From pa	ge 2	C 168			
	being performed pe	r NFPA 10				
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	EQUIPMENT  (a) The building ar mechanical, and plucare home shall be operating condition.  (j) This Rule shall family care homes.  This Rule is not med. Based on observathe facility were not Findings include: The access door to shut, and the screw.  2. Based on observation of the property of the street of the property of the propert	and all fire safety, electrical, ambing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: vation, access to all areas of maintained operable.				
	from a ruptured cyli Findings include: The kitchen has ox					
	3. Based on observation	vation, the facility was not e by having doors that did not nd latch. This could affect a				

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Findings include:

Division of Fleath Service Negatation		ı		ı	1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
		FCL079075	B. WING		06/1	6/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE		
			ADIUM DRIV			
R & D W	LSON HOME CARE	EDEN, NO	_	- <del>-</del>		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
0.474	O " 15		0.474			
C 174	Continued From pa	ge 3	C 174			
		s have issues: a) Front left				
		t close and latch, b) Right				
	front bedroom door	scrubs frame,				
	4 Rased on observ	vation, the facility was not				
		e manner by having loose				
	plumbing fixtures.	o mariner by having reces				
	Findings include:					
	In the bathroom the grab bars are mounted to the toilet. The force on the grab bars is being directly					
		pilet, which is coming loose				
	from the floor.					
	5. Based on observation, the building electrical					
	system was not maintained in a safe manner by					
		h coming loose from the wall.				
		I residents by potentially				
	exposing them to a	shock hazard				
	Eindings include:					
	Findings include:	he bathroom is coming loose				
	from the wall.	The battilloom is coming loose				
	6. Based on observ	vation, the HVAC equipment				
		I in a safe manner by allowing				
	water to collect at the	ne unit.				
	Findings include:					
		water collecting around it due				
		drain lines being stopped up.				
		vation, the exterior building				
		not maintained by having				
	missing trim.					
	Findings include:					
		ack entrance bare wood is				
		ome vinyl siding was not				

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installed properly.

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE COMF	(3) DATE SURVEY COMPLETED	
		FCL079075	B. WING		06/1	6/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
R & D W	R & D WILSON HOME CARE 1325 E STADIUM DRIVE EDEN, NC 27288						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	

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